LIST OF CLOTHING AND SUPPLIES
for
FAMILY CARE AND WORK LEAVE PATIENTS

AMBULATORY, LARGER BOYS AND MEN:

Name_____ No._____ SSH Ward_____

QUANTITY	NAME OF ITEM	SIZE	HAS OWN	ISSUE	PURCHASE
*C 3	Jeans or overalls				
C 3	Work shirts				
C 3	Tee shirts				
C 1	Sweat shirt				
C 1	Denim jacket unlined				
C 1	Raincoat				
P 1	Dress shirt and tie				
P 1 pair	Slacks				
P 1	Slack coat or jacket				
C 1	Rain hat				
P 1	Bathrobe				
C 2	Sport shirts				
C 1	Web belt or suspenders				
C 3	Undershirts				
C 3	Undershorts				
C 4 pair	Work socks				
SR 1 pair	Work shoes				
SR 1 pair	Dress shoes				
C 2 pair	Dress socks				
SR 1 pair	Slippers				
C 4	Handkerchiefs				

MISCELLANEOUS: C Comb _____

Ph Toothbrush _____

C Safety razor _____

*Symbols indicate items to be secured from: C - Commissary
SR - Shoe Room
Ph - Pharmacy
P - Private clothing or by purchase

DRY CLEANING

DRY CLEANING for patients' clothing is usually sent out once a month. The Nursing Service Office will notify the wards.

SONOMA STATE HOSPITAL
Eldridge, California

DRY CLEANING For San Quentin

Date: _____

ITEM

Men's Suits _____

Men's Topcoats _____

Men's Slacks _____

Men's Jackets _____

Men's Ties _____

Men's Sweaters _____

Men's Shirts, M. P. _____

Men's Robes/ Belts _____

Women's Suits _____

Women's Dresses/Belts _____

Women's Topcoats _____

Women's Skirts/Slacks _____

Women's Jackets _____

Women's Scarfs _____

Women's Sweaters _____

Women's Blouses _____

Women's Robes/Belts _____

Prepare in Quadruplicate
Distribution:
1 copy with Cleaning to San Quentin
1 copy Truck Driver (Signed by San Quentin & returned to Nursing Ser.)
1 Copy Accounting Office
1 Copy Ward File

PREPARATION OF LINEN AND CLOTHING BEING SENT TO LAUNDRY

1.0 Each ward is allotted a specified amount of linen on a daily basis. This amount of linen is delivered to the wards on the regular Laundry delivery days. If there is a supply of linen on the ward from the previous days delivery, the Charge (or his/her relief) will phone the Laundry to reduce the amount of the next delivery. If the ward is consistently short of linen, the charge (or relief) should notify their Supervisor.

Sorting of Clothing from Girls' Wards

2.0 All white clothing must be in a separate bag.
2.1 All colored clothing, such as underwear and gowns must be in a separate bag.
2.2 All colored dresses in a separate bag.
2.3 Fugitive colors and woolens must not be mixed with other clothing.
2.4 Tie waists must be sent to the Laundry in nets.

Sorting of Clothing from Boys' Wards

3.0 All white clothing must be in a separate bag.
3.1 All colored clothing, such as sweat shirts and light colors, must be in a separate bag.
3.2 All blue shirts and trousers together, each in separate bags.
3.3 Fugitive colors and woolens must not be mixed with other clothing.
3.4 Tie waists must be sent to the Laundry in nets.

Sorting of Bed Pads and Bibs

4.0 All bed pads and bibs only must be in a bag together.

Sorting of Sheets and Pillow Cases

5.0 Tie about 25 sheets and pillow cases in one sheet. Do not put anything else but sheets and pillow cases in this bundle.

Diapers

6.0 All diapers must be sent to the Laundry in the green bags provided. Nothing but diapers must be put in the green bags. The diapers are dumped directly into the washers as received at the Laundry and are not sorted. If other garments are placed in with the diapers they will be ruined as diapers take a special wash.

Soiled Linen and Clothing

7.0 All soiled linen and clothing, except diapers, must be placed in a bag together and plainly marked SOILED. No sorting is necessary except that white and colored clothing must be separated. Hard balls of fecal matter must be put in hoppers, toilets or WASTE RECEPTACLES having disposable paper liners and not sent to the Laundry. Fecal material is almost impossible to clear out of the washers.

Contagious Disease Wards

8.0 Wards having patients with contagious diseases are to send their clothing and linens to the Laundry in RED BAGS. The red bags are obtainable from the Laundry. No Sorting is necessary except as to white and colored clothing. This work is also dumped directly into the washers and should have heavy fecal matter shaken out of it before sending it to the Laundry.

SHOE REPAIR SERVICE

1.0 The employees working the Night Shift -- 11:00 p.m. to 7:00 a.m. -- have the assignment of inspecting the patients' shoes and preparing them for transportation to the shoe repair shop.

A. They then give the Day Charge the shoes along with the needed information as to what is required to put the shoes in a useable condition.

B. It is the Charge's responsibility to send the shoes to the shop.

2.0 Shoes needing repair are to be tied together, in pairs, by the laces. Without exception, both shoes of the same pair are to be sent to the shoemaker, even though only one shoe may require repair. Orthopedic shoes or appliances are to be identified by the patient's name. A tag or note can be securely tied to the shoes or appliances with the patient's name on it.

2.1 Shoes are to be sent for repair before they have worn into the welt of the sole or the lifts of the heel. Do not wait to send shoes to the repair shop until they are in such condition that they are very difficult or impossible to repair. In order to comply with this request, a weekly shoe check should be made by someone on the ward who will be responsible for shoe repairing.

2.2 Do not hold shoes that need repairing as this creates peak loads of work. Send shoes for repair every Monday, even if there are only one or two pairs.

2.3 Shoes going to the Shoe Room for repair are to be placed in special blue denim bags which can be obtained from the Commissary. The shoe bags will be marked by the Central Marking Room with your ward number and name.

3.0 The special shoe bags containing the shoes for repair will be picked up by truck every Monday morning at approximately 8:00 o'clock. The shoe bags are to be placed in an area convenient for the truck pickup.

4.0 Repaired shoes will be returned in approximately 5 days from the pick-up date by a truck.

NOTE:

If the patient does not have a pair of shoes to wear during the time shoes are being repaired, additional shoes may be secured from the Shoe Fitting Room by proper application.

WARD PROCEDURES FOR ORAL HYGIENE & DENTAL CARE

TOOTHBRUSHING

1.0 Teeth should be brushed at least two times daily. After breakfast and before going to bed would be the best minimum schedule. After each meal would be preferable, if time permits. (This applies to dentures, also.)

2.0 Patients should be supervised in brusing their teeth. If they are unable to, the teeth should be brushed by the psychiatric technicians.

3.0 If patients are ill or bed patients, extra attention should be given to oral hygiene. A toothbrush should be used if possible or the teeth and gums should be cleansed with gauze followed by an oral rinse of saline solution.

TECHNIQUE OF BRUSHING

4.0 Hold tooth brush at a 45 degree angle to surface of teeth with bristles extending on gums. Care should be taken not to pierce gums with bristles. Pressure should be produced by sides of bristles.

A. Rotate brush covering gum and tooth surfaces. Always brush from gums to teeth and include all tooth surfaces.

B. Rinse brush carefully after use.

TOOTHACHES

5.0 Report toothaches promptly preferably for morning clinic from 8:15 a.m. to 10:00 a.m. Early treatment may prevent abscess formation which usually causes pain and swelling and complicates treatment.

A. If swelling has developed use an ice bag ½ hour on and ½ hour off for 3 hours.

B. Do not use hot applications.

GINGIVITIS OR BLEEDING GUMS

6.0 If gums bleed excessively when brushed, report to dentist. Early treatment may prevent development of Vincent's infection or chronic gingivitis.

A. If patients have high fever or are dehydrated, they are more susceptible to Vincent's infection.

INCIDENT REPORTS

7.0 If teeth are loosened, fractured or missing refer to dentist and send incident report.

WEIGHING OF PATIENTS

1.0 All patients in residence on each ward must be weighed at the beginning of each month and the weight recorded on Form NS/77 which is in the Patient's Folder.

2.0 Any change in weight greater than three pounds fluctuation -- either increase or decrease -- is to be written up in memorandum form and presented to the ward physician.

3.0 All patients transferred to a ward are to be weighed on date of arrival at the ward and weight recorded in the Day Book.

4.0 All patients transferred off of the ward will be weighed on date of release from the ward and weight recorded in the Day Book.

37-C

MONTHLY REQUEST FOR FOOD SERVICE AREA CLEANSING SUPPLIES

PREPARE IN DUPLICATE

Both Copies to be in Food Administrator's Office no later than the 25th of the month.

Date _____ Ward or Area _____ by _____
Mo Day Year

Quanity	Unit	Article Description	Quanity Delivered	✓
	lbs	#57-A-22 Detergent (dish washing machine only)		
	lbs	#50-A-37 Detergent (hand dishwashing only)		
	lbs	Plastic Dip (destaining dishes) Order in units of 10 lbs		
	gal	Bleach (sanitizer for Food Service Areas Only)		
	ea	Sponge Cloth (for table washing only		
	ea	Tuffie (or equivalent)		
	pkg	S.O.S. (or equivalent)		
	can	#50-A-21 Acid Descaling Compound (dish machine only-not to exceed 2 cans)		

Comments: _____

Checked and approved by Food Administrator's Office

Filled by _____ Commissary

PLEASE NOTE: ORDERING PROCEDURE

Duplicate copy will be processed and returned to the ward for checking off supplies as they arrive and to be signed by the one or more employees receiving the supplies. After completion, please return signed copy to Food Administrator's Office for further accounting.

ALL ITEMS NOT LISTED ABOVE, please order on regular commissary requisition form.

There will be no change in discard procedure.

If any item above is not required, PLEASE WRITE NONE in the quantity wanted space.

Received by: _____
Signed by employee receiving supplies

_____
Signed by employee receiving balance of supplies

37-B

WEEKLY REQUEST FOR STAPLE FOOD SUPPLIES

PREPARE IN DUPLICATE

In order to process these orders and have your supplies ready for delivery on time, it is necessary that they be in the Food Administrator's Office BY 8:00 A.M. on THURSDAYS.

DATE_____ WARD_____ BY_____

_____lbs. SUGAR

_____lbs. COFFEE

_____lbs. TEA

_____lbs. COCOA

_____pkg. SALT

_____lbs. PEPPER

_____doz. EGGS

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Checked and Approved - Food Administrator's Office_____

Filled by_____ Main Kitchen

Original retained in Kitchen for one week.

Duplicate copy returned to Ward with supplies.

37-A2

WEEKLY WARD FEEDING POPULATION REPORT
PLEASE SEND TO FOOD ADMINISTRATOR'S
OFFICE EACH THURSDAY BY 8:00 AM WITH STAPLE FOOD REQUEST

DATE_____ WARD_____ TOTAL PATIENTS ON WARD_____

	Breakfast	Dinner	Supper
Average number of YOUR patients eating on your ward			
Average number of patients FROM OTHER WARDS eating on your ward			
TOTAL			

NUMBER OF PATIENTS ON FOLLOWING MENUS:

1. Regular			
2. Modified Regular			
3. Mechanical Soft			
4. Baby & Liquidized Soft			

5. Special diets (Diabetic & Reducing, Low Salt, Low Residue, etc.) All patients on special diets must be listed as to name, kind of diet, and where patient eats, i.e. Patients Dining Room, your ward, or other wards, giving name of ward.

	BREAKFAST	DINNER	SUPPER

Use reverse side if more space is needed Requested by_____

FS/34 Rev. 4/1/58

ORDERS TO FOOD SERVICE:

1.0 Weekly Ward Feeding Population Report. (See Sample -- page 37-A) This request is due in the Food Administrator's office each Thursday by 8:00 A.M. Be sure this request accurately reflects your needs.

2.0 Weekly Request for Staple Food Supplies. (See Sample -- page 37-B) Make this request out in duplicate. It is to be in the Food Administrator's office by 8:00 A.M. each Thursday.

3.0 Monthly Request for Food Service Area Cleansing Supplies. (See Sample -- page 37-C) Make this form out in Duplicate. In order for Food Service to efficiently supply the wards' needs, this request must be in Food Administrator's office no later than the 25th of each month.

USE OF SODIUM HYPERCLORITE (5.25%) - CLOROX OR EQUAL

1.0 ALL Ward Kitchens (hand dishwashing method only) will be required to rinse their dishes utilizing sodium hyperclorite (Clorox) to the extent of 1 oz. to every 4 gallons of rinse water.

A. The average ward sink has a capacity of approximately 30 gallons; however, the rinse sink is usually filled to 20 gallons. This means that the ward employee in charge of a ward dining room should see that 5 ozs. (1 oz. equals 2 Tablespoons) of Clorox is used to each final rinse. It will only be necessary to utilize this solution in your rinsing sink.

B. This formula should be strictly adhered to, as excessive amounts of Clorox will cause dishware to deteriorate, particularly the plastic.

C. The formula noted above has been approved by the Public Health and Sanitation Committee and it will be the responsibility of the Nursing Service, in conjunction with the Food Administrator, to see that this formula is established as a set Standard.

D. Sodium hyperclorite (Clorox) is available in the Commissary and should be requisitioned by the ward.

2.0 Initially, each ward is requested to requisition no more than their allotted amount per month.

DISH WASHING

BY HAND

1. Prepare equipment. Attend to:

sinks	sanitizer
hot water	scraper
detergent	drying racks and cloth

2. Pre-wash or wet-scrape dishes.
3. Wash in hot water with a good detergent.
4. Rinse in clean, hot water of about 140 degrees F.
5. Sanitize. Either submerge in water 180 degrees F for thirty seconds, or use a chemical as directed.
6. Air dry the dishes and store in a clean, protected place.

BY MACHINE

1. Scrape, and pre-rinse dishes before placing in racks.
2. Rack dishes so that water covers every surface.
3. In hard water areas, glasses sometimes need toweling.
4. Check thermometers. Wash water should be 135 degrees F and the rinse water 180 degrees F.
5. The electronic dispenser measures automatically the amount of washing compound to be used.
6. Clean up the machine afterward scrubbing slats, removing scraps, dumping and rinsing.

Silver is pre-rinsed with either method, and toweled dry after washing.

An electric fan speeds up the drying process.

In storing glasses and cups, always invert, placing upside down.

PROCEDURES FOR WARD FOOD SERVICE

The success of any food program is how well the food is accepted and eaten. The responsibility for attractive arrangement of food on the tray, and the presentation of the food to the patient, is the job of the Ward Technician. A good criterion to bear in mind is the following: Is the tray as attractively arranged as you would arrange it for yourself.

Remember: Food is an important part of our therapy program. Adherence to the following procedures will assist in uniformity and in achievement of high standards of food service.

Food Handling:

1.0 Time allowance - Patients must be allowed adequate time to eat in relative leisure (minimum time - 30 minutes).

2.0 Size of Serving - Do not serve more than the patient can eat.

3.0 Beverages - Keep covered until time to be served. Pour into cups just before patients enter the dining room.

4.0 Hot Food - Keep covered until time for serving. Put on the plates just before patients enter the dining room.

5.0 Cold Food - Keep covered and under refrigeration until served.

6.0 Left-Over Food - Left-over food is to be discarded and placed in the garbage can after the attendants have made certain that the patients have had all the food they care for.

7.0 Place plate scraps, etc. in garbage can as soon as they are collected.

PROPER FOOD PROTECTION

1.0 Wash hands before handling food.

A. Cleanliness of workers' clothes and hair are most important. Hair should be confined in a net.

B. Handle food as little as possible; use tongs, forks or spatulas in serving .

C. Keep fingers out of food and drink when serving.

D. No sick person or persons with infected hands should work in food area.

E. Never serve food left from one person's plate to another.

2.0 Immaculate cleanliness of dining room, kitchen and all equipment.

A. Food storage rooms should be clean and well organized.

1. Older goods should be moved forward.

2. Stored foods should be labeled, accessible, and stored at least 8 inches above the floor.

3. Stored food should be covered to prevent contamination.

B. Food on display should be protected from dust and handling.

3.0 Remember the DANGER ZONE in food temperature is between 40°F. and 140°F.

A. Keep refregerator below 40°F.

B. Keep steam table above 140°F

4.0 The refrigerator should be arranged neatly, cleaned regularly and checked daily to eliminate keeping foods too long.

A. The refrigerator should not be overloaded, preventing air circulation.

B. Refrigerated foods should be covered to prevent "inhaling" of odors.

5.0 Corroded utensils and cadmium plated trays should not be used.

6.0 Chemical poisons should be stored away from foods.

RECORD OF CONTINUOUS MEDICATIONS

Year 1959

Month:	Dec	Dec	Dec	Dec	Dec		STAT ORDER 12-10-59 Phenob. gr 1/4 TABLE
Time:	8AM	NOON	5 PM	9 PM	NOON		
1.		See Retired Sheet					
2.							
3.							
4.							
5.							
6.		SAMPLE C					
7.							
8.	M Doe	M Doe	E Law	E Law			
9.	M Doe	M Doe	E Law	E Law			
10.	M Doe	M Doe	F Cal	B Lau			
11.	L Roe	L Roe	F Cal	B Lau			
12.	L Roe	L Roe	E Law	E Law			
13.	M Doe	M Doe	E Law	E Law			
14.	M Doe		E Law	E Law	M Doe		
15.	M Doe		E Law	E Law	M Doe		
16.	M Doe		E Law	E Law	M Doe		
17.	M Doe		E Law	E Law	M Doe		
18.	M Doe		F Cal	F Cal	M Doe		
19.	L Roe		F Cal	F Cal	L Roe		
20.							
21.							
22.		Dysentenue SAMPLE A					
23.							
24.							
25.							
26.							
27.							
28.							
29.							
30.							
31.							
MEDICATION	Phenobarb gr 1 1/2 Dilantin Sod gr 1 1/2	Dilantin Sod gr 1 1/2	Phenob. gr 1 1/2 Dilantin Sod gr 1 1/2	Phenobarb gr 1 1/2	Mesantoin 1 Tab.		

DIAGNOSIS: Epilepsy (Dr.'s Signature) M. D.

S.S.H. WARD Slater NO. 17432 NAME: MARY JONES

NS/6

PHARMACY REGULATIONS REGARDING ORDERING OF DRUGS

1.0 Drug Order Book must be sent with Drug Box to obtain drug supply for wards. (Never tear out page.)

RECORDS OF CONTINUOUS MEDICATION

2.0 Instructions for use of forms. (See Sample of NS/6 on page 35, and for the current order sheet, NS/10 see sample in patient's folder)

2.1 The color of the paper used for these forms will be changed quarterly: October through December - BLUE, January through March - GOLDENROD, April through June - PINK, and July through September - WHITE. (See para. 2.3 through 2.5 for instructions for the handling of these forms at the time of the quarterly changes.)

2.2 These forms are to be kept for all patients on Continuous Medication.

A. All Doctor's orders, or changes, for continuous medication are to be shown on the Record of Continuous Medication, NS/10 (1/2 sheet), which is kept at all times in the patient's folder.

B. After giving the medication as ordered, the individual (giving the medication) shall sign his/her first initial and last name (not just initials) in the space provided on the Record of Continuous Medication, NS/6 (full sheet).

C. When a medication is discontinued the remainder of that column in which the record has been kept is to be blocked out. (See Sample A, page 35.)

D. The last column on the right side of NS/6 is to be used for recording STAT. orders and comments. (See Sample B, page 35.)

2.3 The new quarters' Record of Continuous Medication forms must not be used before the Doctor has re-written the orders for continuous medication on the Medical Order sheet, (this will, of course, show the date as well as the order).

2.4 With reference to NS/6, at the time of signing the Medical Order sheet, the retiring Record of Continuous Medication should be presented to the physician for review and signature.

A. It will not be necessary to transfer any records from the retiring to the new sheet. The new sheet should start on the date the old order ends, and the retiring Record of Continuous Medication, NS/6, should then be sent to Medical Records. This should be done on or before the 10th day of the first month of any given quarter.

B. If the new order for the quarterly change is written sometime between the first and the 10th, the new Record of Continuous Medication sheet, NS/6, should be blocked out for those days which appear on the retiring form, as per sample C, page 35.

2.5 With reference to NS/10, as there will be current orders written at the time of the quarterly change, the sheet (or sheets) for the previous quarter may be destroyed, and the new orders written on the new NS/10 form.

MR BRAUS

NARCOTICS

1.0 The following drugs are listed as those requiring renewal by the physician in writing every day - 12:00 noon is the validating time.

A. Morphine sulfate
B. Demerol
C. Codine (hypodermic or orally)
D. Dilaudid
E. Pantopon
F. Amidon (methadone)
G. Camphorated tincture of opium (paregoric), if not compounded with another medicinal agent

2.0 Any narcotic order written involving the above drugs at any time on any given day expires the following day at noon. Example: An order written at 11:45 PM September 15 would expire at noon September 16.

SAMPLE

HYPNOTIC RECORD

I. Rx. No._____ Name of Medication:_____ Date:_____
Number tablets/capsules issued:_____
Physician Signing Prescription:_____ Ward:_____

II. Received by:_____(R.N. or Attendant)
Date:_____ Hour:_____
Number tablets received:_____

Date:	Name of Patient	Name of Employee Giving Medication	Time Given	Doctor Ordering Medication	Number of Tablets left

Ward Doctor's Signature:_____

Note: This slip to originate with druggist who fills in Part I. Nurse or Attendant receiving filled bottle from Pharmacy to fill in Part II.

May 3rd am Note - Rec. 1000 tablets from drug room.

* 5/5 pm. Shift - 3 tablets missing - Area Supervisor notified 3:30 pm.
* 5/6 am Shift - 2 tablets dropped on floor and destroyed